



SB 910

*California's Strategic Plan
for an Aging Population*



California is aging rapidly...



★ We are staying healthy and living longer



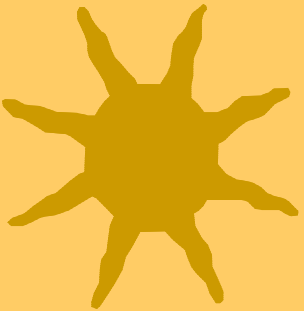
★ We now have approximately 4,000,000 people over age 65 – the largest older adult population in the nation



★ This number will double over the next twenty-five years due to the retirement of the baby boom generation.

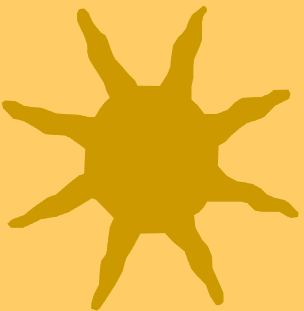


Findings - CALIFORNIA vs. US



★ Life expectancy—

- 1 yr. longer in CA than the nation as a whole
- 3 yrs. less than Japan with world's highest life expectancy (80.7 years)
- Gap between life expectancy for men and women will decrease from 4.7 to 4.1 by 2050





Good News



Functional status is increasing among older adults in every age group. Disability rates are declining from .5 – 3% annually, due in part to:



- ★ Reduced tobacco use
- ★ Increased education levels
- ★ Medical & pharmacological advances
- ★ Health promotion



These are investments that must begin early in life, not at retirement age.

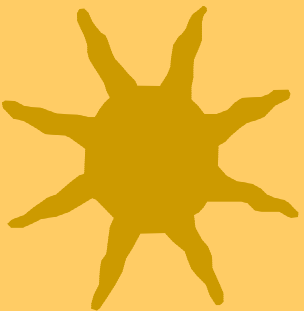


Consequently...



★ **As the population ages we can expect enormous changes that will sharply affect**

- The Economy
- Housing
- Land Use Planning
- Transportation
- Health and Social Services
- Allocation of public resources



★ **During the next nine years California faces the challenge of preparing for these changes**

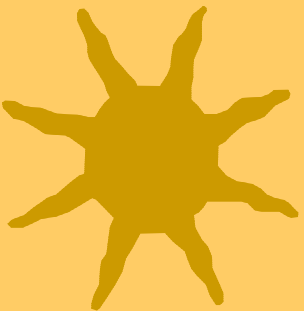




To Address This Situation...



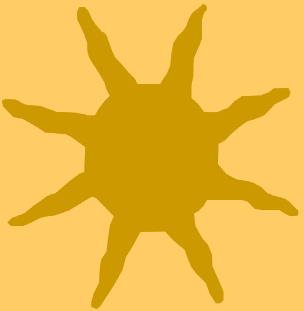
★ Senate Bill 910 (John Vasconcellos) requires the California Health and Human Services Agency to develop a statewide strategic plan for long-term planning purposes.



★ The bill required University of California to support plan development by preparing:

- An inventory of existing resources
- A composite demographic profile
- A plan for a longitudinal data base

In addition, they prepared 10 research papers on key topics.



★ The bill also asked the Agency to seek the advice of:

- The California Commission on Aging
- The California Council on Gerontology and Geriatrics
- Consumers and other stakeholders

Therefore.....



The Plan Development Process



★ Plan Development Task Team was formed.



- Composed of Key Stakeholders
- Representing the perspective of their constituencies
- Provide vision, input
- Develop policy and recommendations





Plan Development Task Team

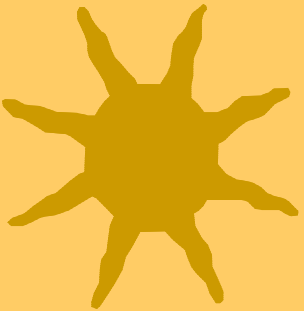


- ★ CA Commission on Aging
- ★ California Council on Gerontology & Geriatrics
- ★ AARP
- ★ California Assn. of Homes and Services for the Aging
- ★ California Association of Health Facilities
- ★ California Council of the Alzheimer's Associations
- ★ CA Assn. of Caregiver Resource Centers
- ★ Congress of California Seniors
- ★ Older Women's League
- ★ Grey Panthers
- ★ Area Agencies on Aging Council of California
- ★ California Senior Legislature
- ★ California Assisted Living Assn.
- ★ California Association of Area Agencies on Aging
- ★ Paratransit, Inc.
- ★ CA Assn for Coordinated Transportation
- ★ Senior Worker Advocates' Office
- ★ Valley Caregiver Resource Center
- ★ Senate Subcommittee on Aging and Long Term Care
- ★ Assembly Subcommittee on Aging and Long Term Care

With input from over a hundred expert advisors



Plan Contents - Draft



I. Executive Summary

II. Introduction and Background

- A. The Changing Demographics**
- B. Redefining Aging Policy**
- C. Overarching Principles**
- D. Budget Constraints**



III. Vision, Policy and Action Recommendations

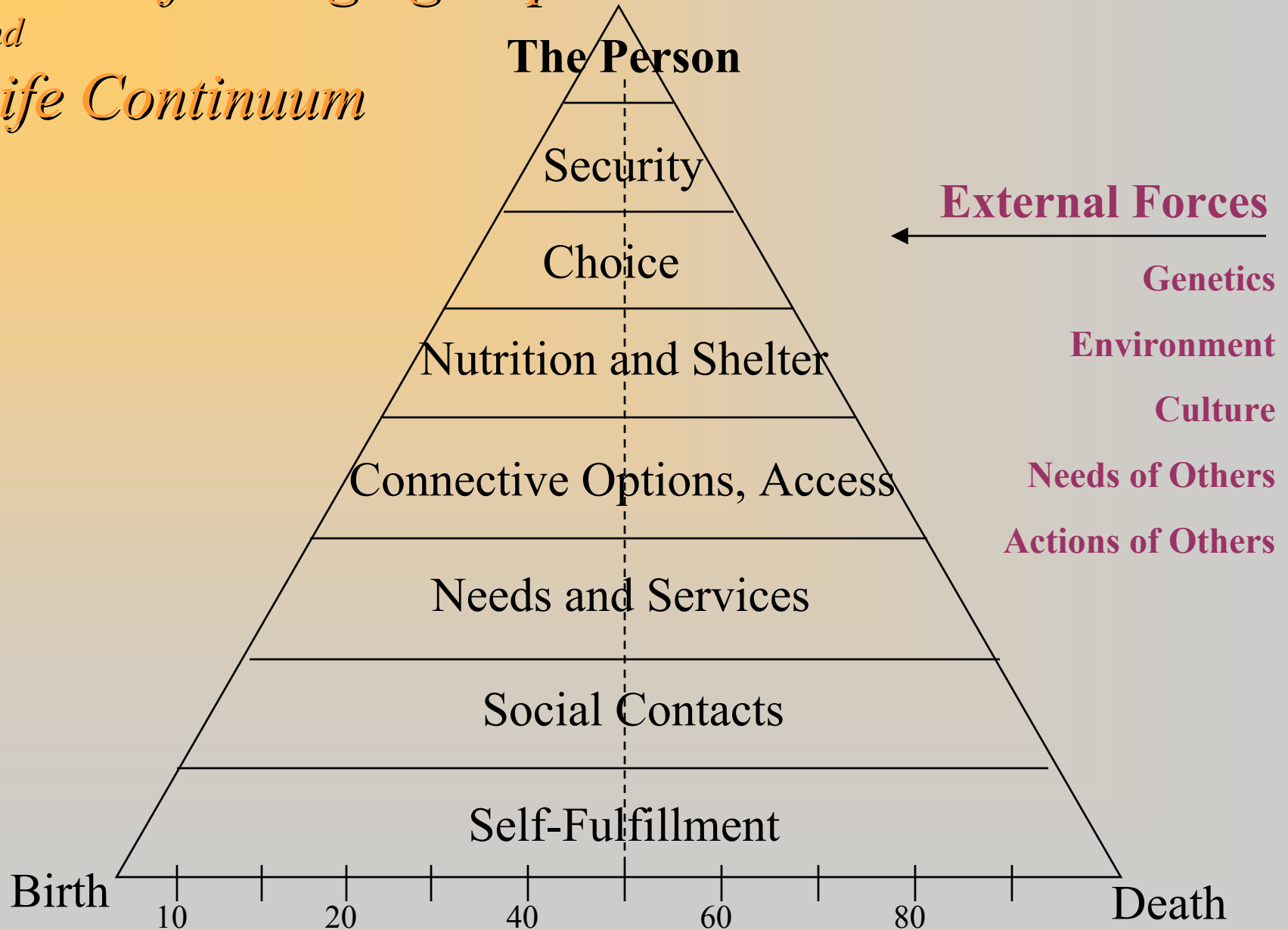
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|--|-------------------------------------|
| A. Influencing Federal Policy | E. Staying Well |
| B. Economic Security & Work | F. Health and Long Term Care |
| C. Transportation | G. Infrastructure |
| D. Housing | |



VI. In Conclusion – Priorities, Roles and Timelines

Appendices

Needs of An Aging Population *and* *Life Continuum*





Cross Cutting Issues

To Ensure Inclusivity



Across all topics we are addressing differences in...



- ★ Gender
- ★ Race Ethnicity and Language
- ★ Income and Poverty
- ★ Work and Educational Attainment
- ★ Disability and Health
- ★ Living Arrangements, Independent and Supportive Housing
- ★ Urban, Suburban and Rural Conditions



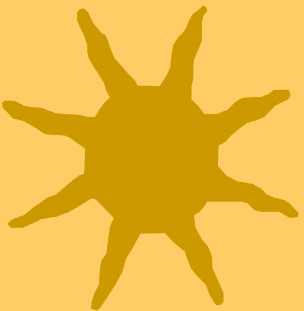


Plan Elements



- ★ **Influencing Federal Policy**
- ★ **Economic Security and Work**
- ★ **Transportation**
- ★ **Housing & Supported Living**
- ★ **Staying Well**
- ★ **Health and Long Term Care**

- Health Care
- Oral Health
- Alcohol & Related
- Mental Health
- Chronic Illness
- Long Term Support
- Family/Informal Caregiving



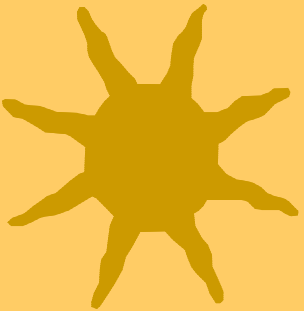
- ★ **Infrastructure Needs**

- Data & Data Systems
- Provider Workforce
- Higher Education
- Hospitals and Clinics
- Technology/Assistive Technology





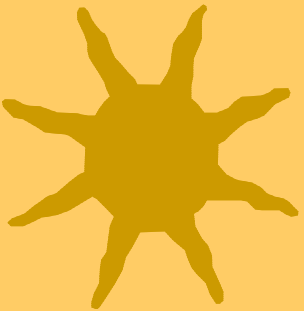
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Element 1.



Influencing Federal Policy





Advocate for Improvements to Programs involving:



- ★ Economic Security
- ★ Jobs for Seniors
- ★ Affordable Housing
- ★ Transportation
- ★ Alcohol and Chemical Dependency



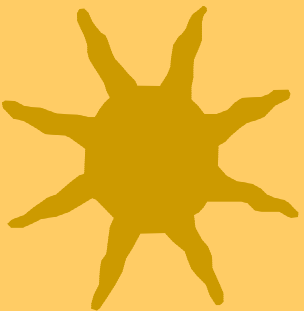
- ★ Health Care
- ★ Mental Health
- ★ Long Term Care Funding
- ★ Health Care Workforce
- ★ Technology



Draft Recommendations



Element 2.



Economic Security and Work





Economic Security

★ Health Insurance

- Discuss concept of universal coverage
- Increase options for coverage between retirement and Medicare eligibility

★ Long Term Care Insurance

- Create incentives to form large group risk pools to achieve lower *per capita* rates
- Employers include long term care insurance on benefit menu options



Economic Security



★ Income Protection

- Maintain SSP benefits at 2001-02 levels plus predetermined COLAs
- Protect vested defined contribution pensions for those over 40 with more than 10 years of service



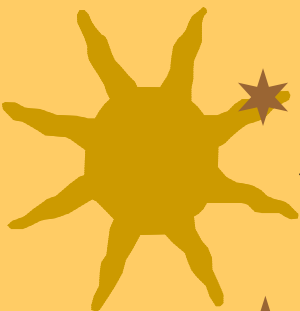
★ Asset Protection

- Continue to protect automobile and home for means testing criteria





Work/ Jobs



★ Create an Earned Income Tax Credit to reward businesses for hiring persons over age 50



★ Develop mechanisms for improved work options, e.g., flexible scheduling, compressed work week, job sharing, part time/on call.



★ Fight Age Discrimination

- Strengthen/enforce age discrimination laws
- Eliminate age disincentives in programs funded by the Workforce Investment Act

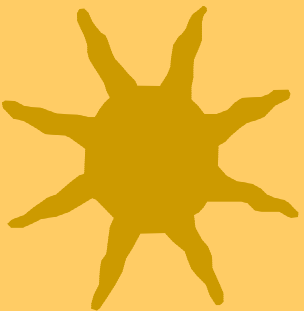


Work/ Jobs



★ Support Job Seekers

- Provide job training and support services
- Consolidate/integrate and revitalize non-profit and community based older worker programs.
- Maintain/implement higher education reentry programs for older adults to assist with planning and course selection.



★ Establish “job clubs” in every county





Security



★ Stop Elder Abuse

- Establish an hot line for reporting financial abuse, fraud, neglect, physical and psychological abuse.
- Implement protections against predatory lending
- Develop a statewide coalition to more effectively use existing local, state and federal resources to end abuse
- Add a course to the basic Peace Officer curriculum on how to recognize abuse
- Maintain/ restore funds for elder abuse investigators and prosecutors



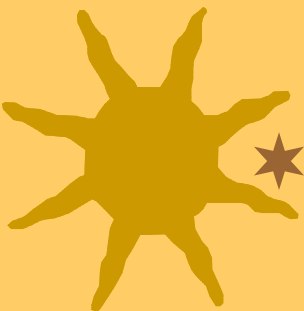
Draft Recommendations

Element 3.

Transportation



Transportation



★ Increase driver and pedestrian safety

- Fund and implement the recommendations of the Task Force on Older Adults and Traffic Safety (OATS).
- Offer safe driver education for mature drivers.
- Offer mobility/public transportation and travel training customized to participants functional needs.

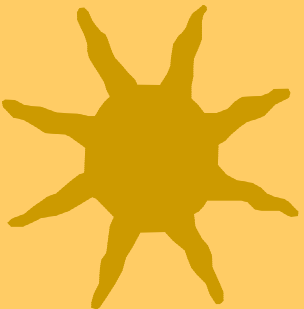




Transportation

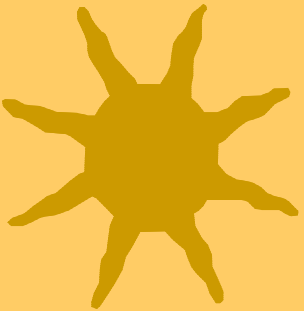


- ★ Hold a “Mobility Summit” to plan implementation of integrated and coordinated transportation strategies.
 - Business, Transportation & Housing, Health & Human Services, and Consolidated Transportation Service Agencies co-sponsor.
 - Plan *Aging Plan* implementation strategies
 - Plan the continuum of coordinated services
 - Determine how to eliminate fragmentation

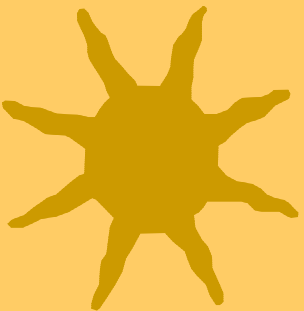




Transportation



- ★ Ensure a continuum of transit services for seniors and individuals with disabilities



- Create and implement “Mobility Management Centers” (MMC) attached to Consolidated Transportation Services Agencies (CTSA).





Transportation

- Mobility Management Centers would conduct training to familiarize riders with right transit mode for their needs.
- Restore Area Agency on Aging Transportation Coordinator
- Restore Regional Center Coordinator position to full time.
- Create a *California Mobility Council* to remove barriers between programs.





Transportation



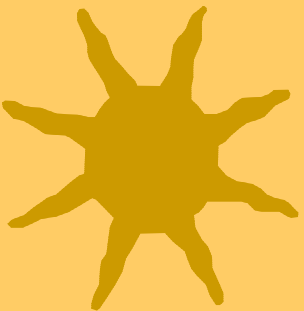
- ★ Transit Operators to develop and annually update a *Strategic Mobility Plan for Aging Riders*
- ★ Amend the Transportation Development Act to address rural transit needs
- ★ Take a proactive role in land use and local housing planning to ensure transit-oriented development



Draft Recommendations



Element 4.



The Housing Continuum





Housing



- ★ Ensure a fair share of senior housing in administration of Prop 46 funds
 - Add “frail elderly,” “at-risk elderly,” and “very low income” under the *Special Needs Population* category to address needs of vulnerable elderly
- ★ Give higher priority to older adults in allocation of low income tax credits.
 - Include more supportive housing, housing linked to services, and assisted living



Housing



- ★ For state competitive funding processes, give preference to Smart Growth Projects.
- ★ Use new integrative models for senior housing
 - Link shelter and services to promote aging in place
 - Increase flexibility in use of funds for models that incorporate walking paths, community spaces and provide services and transportation.
 - Encourage partnerships among developers, service providers, community organizations, and transportation providers



Housing



- ★ Strengthen state housing element provisions and enforcement to ensure that:
 - “In lieu fees” are actually used for affordable housing projects and/or home modifications
 - Housing Plans are submitted with elements that address senior and disabled housing needs
- ★ Provide meaningful incentives for incorporating universal design and “visitability” principles in new homes.



Housing



- ★ Strengthen support of home modification to support aging in place
 - Community-base service providers conduct home assessments
 - Provide local housing entities with information on the Olmstead Decision, CA Olmstead Plan
 - Establish a Senior/Olmstead Ombudsman
- ★ Consumers, advocates get more involved in urban and regional planning.



Assisted Living



- ★ Incorporate assisted living into Medi-Cal
- ★ Improve the affordability of assisted living facilities.
- ★ Establish statewide data system to monitor licensed housing supply, demand and case mix and the effectiveness of the reimbursement and quality assurance systems.



Nursing Facilities



★ Increase the quality and frequency of the survey and certification of nursing homes.



★ Create incentives with low interest loans or loan preferences to make architectural changes so that nursing facilities will be more **home-like** and supportive of independent living.





Draft Recommendations

Element 5.

Staying Well



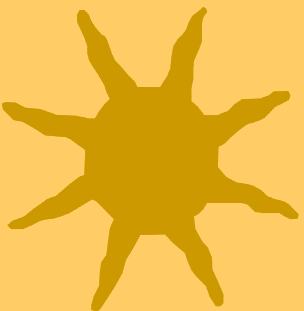
Personal Activities



- ★ Develop a public awareness campaign that will enlighten and motivate the public to adopt lifestyle behaviors that support healthy aging.
- ★ Expand programs that engage older adults in activities to improve their nutrition, fitness, flexibility, cognitive skills, social and recreational activity.
- ★ Disseminate information on how to stay healthy on the Internet.



Civic Engagement



★ Expand California's GOSERV volunteer coordination Website



★ Maintain/enhance Adult Education and Life Long Learning programs



★ Maintain funding and support for community/recreation programs and centers.



Prevention

- ★ Fund the *Preventive Health Care for the Aging* screening program in every county, including:

Hypertension

Immunizations

Dental/Oral

Hearing

Vision

Mammogram

Pelvic

Colo-rectal

Prostate

Diabetes

Obesity

Cognitive Function

Osteoporosis

Physical Activity

Medical History

- ★ Implement culturally appropriate outreach campaigns and screening programs with emphasis on preventing diseases that have higher ethnic prevalence.



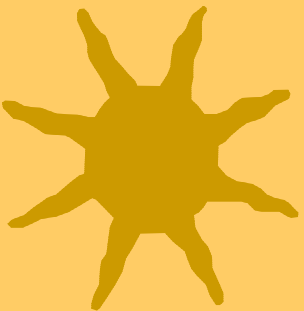
Draft Recommendations

Element 6.

Health and Long Term Care



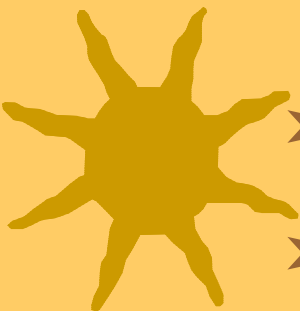
Health Care



- ★ Substantially increase access to health care; support universal health coverage discussions
- ★ Expand access to health care in rural areas; expand ways to deliver quality care, such as increased use of mobile clinics, telemedicine, nurse practitioners, etc.
- ★ Address California's health care workforce deficit



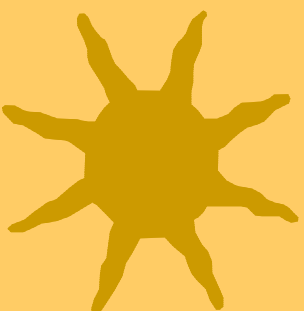
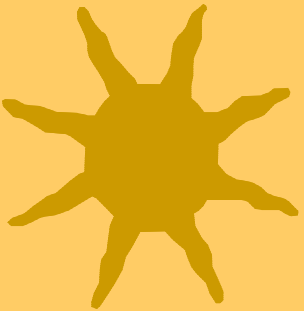
Health Care



- ★ Train providers on needs of the elderly.
- ★ Develop specific new approaches for addressing racial and ethnic health disparities.
 - Enhance access
 - Invest in/prepare youth for health and human services workforce
 - Eliminate root causes of poor health
 - Support culturally appropriate outreach



Oral Health



- ★ Add oral health to existing programs
 - Including oral health screening and oral health education
- ★ Identify and provide incentives for dentists and other dental health professionals to serve homebound and nursing home patients.
- ★ Outfit mobile dental vans to offer “sliding fee scale” clinics.



Oral Health



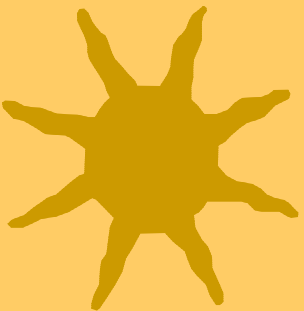
- ★ Provide training on oral health care to care providers and family caregivers.
- ★ Support Alternative Practice
 - Create more educational programs to prepare Dental Hygienists for the Registered Dental Hygienist in Alternative Practice license.
- ★ Form coalitions with other senior programs
 - to provide and promote older adult oral health education and prevention programs.



Alcohol & Chemical Dependency



★ Increase senior alcohol and drug recovery services funding in proportion to the demand.



★ Eliminate age and socio-economic reimbursement inequity for substance abuse treatment.



★ Develop multi-dimensional response counseling and treatment programs to deal with dependency in conjunction with depression and suicide in older adults.



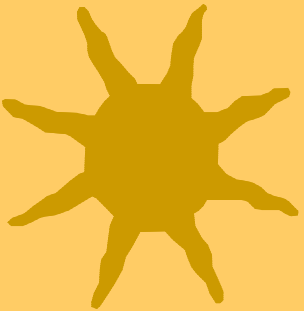
Mental Health



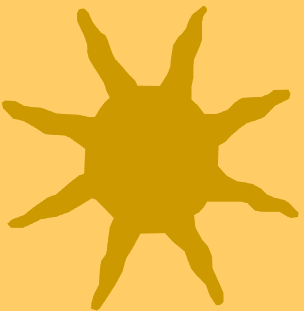
- ★ Fund expansion of community based promotion, prevention, treatment, recovery, education and outreach programs for older adults.
- ★ Train healthcare and service providers to recognize depression and anxiety in older adults.
- ★ Every county must have dedicated adult mental health programs with the same quality standards and program consistency.⁴⁶



Mental Health



★ Identify and incorporate mental health prevention “best practices” programs that include:



- Relaxation training
- Stress management
- Memory training
- Bereavement support
- Outreach services
- Suicide Prevention





Mental Health



- ★ Develop a Statewide Older Adults System of Mental Health Care based on the framework developed by the County Mental Health Directors Association.
- ★ Provide incentives, including additional education, for mental health professionals to specialize in geriatrics.
- ★ Create a training program for all “first responders” (e.g., law enforcement, fire department, paramedics, clergy etc.).



Chronic Health Care



★ Develop/expand comprehensive care models

- Align financial incentives to invest in health promotion, effective rehabilitation, and cost effective social and health service interventions.
- Pull funding together for treatment of conditions that have both medical model and social model components. Treat the whole person.



Chronic Health Care



★ Pilot new care models for chronic health self-management

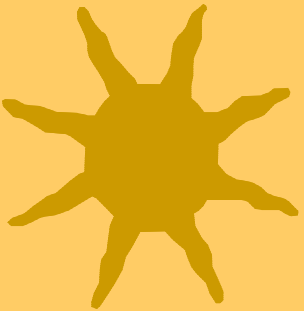


- Empower older adults to better manage their own chronic health conditions (e.g., arthritis, diabetes, stroke rehabilitation or other long-term health conditions).
- Teach health literacy, an improved understanding of the one's health condition, and how and when to seek medical assistance.





Palliative and End-of-Life Care



- ★ Educate health and social service professionals.
- ★ Develop quality of care protocols and indicators for palliative and end-of-life care.
- ★ Realign reimbursement systems to cover individuals with certain chronic diagnoses that are not “terminal” but need palliative care (e.g., chronic obstructive pulmonary disorder).
 - Ensure that reimbursement systems for helping dying patients are equal to reimbursement received for treating disease.
 - Reconsider the “six month life expectancy” restriction on hospice reimbursement.



Long Term Care



Central Priorities:

★ Olmstead Decision

- From institution-based to home-based
- Promote independence, choice, dignity

★ Governance Integration

★ Funding and System Integration

★ Caregiver Support





Long Term Support System



- ★ Eliminate fragmentation. Create a long term care system that is **seamless** from the consumer perspective.
- ★ Build **capacity** into the long term support system to meet the needs of the increasing elder and disabled population and to prevent unnecessary institutionalization.
- ★ Build **quality**, including review and measurement into the Long Term Support System, including strengthening nursing home quality assurance.



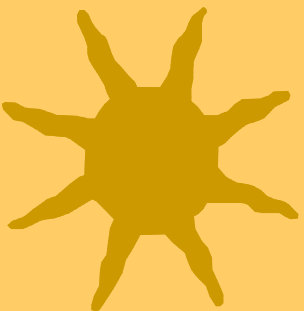
Long Term Support System



- ★ Site Community Service Centers where there is access to public transportation
- ★ Build and implement a three-part Integrated, Comprehensive Service Coordination and Information System - **Care Navigation**
 - **211 Calling System for Services**
 - **Integrated, One Stop Consumer Information**
 - **Coordinated Care Planning, secure access to data**
- ★ Establish reliable and protected Long Term Care funding with a streamlined funding process.



Family/Informal Caregiving



- ★ **Education and training** for family care-givers must include: working with physicians, disease processes, problem-solving and coping techniques.
- ★ **Culturally appropriate training** must be developed and offered in languages spoken by 5% or more of the population.
- ★ **Ensure access to a full range of caregiver resources** for every county in California with particular emphasis in the rural areas of the state.



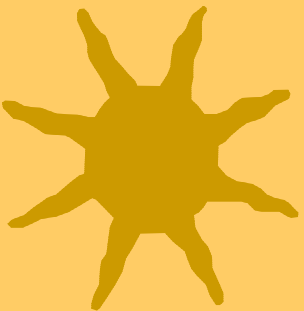
Family/Informal Caregiving



- ★ Intensive intervention efforts should be targeted to **vulnerable caregivers**.
- ★ Care planning and service delivery efforts must include respite and assessment of **caregiver needs and resources**, especially those designed to serve persons requiring home and community-based care, health and mental health programs serving vulnerable individuals.



Draft Recommendations



Element 8.

Infrastructure

Workforce

Higher Education

Data Systems

Technology

Hospitals & Clinics



Infrastructure - Workforce



★ Understand and Address California's
Health Care Workforce Deficit



★ Ensure **Recruitment and Retention** of
Healthcare Professionals, Allied Health,
Mental Health and Paraprofessionals



★ Enhance Workforce **Quality** by Requiring
Core Competencies



Infrastructure - Higher Ed

★ University/ CSU Programs

- Raise the stature of the **field of geriatrics** so **that it becomes as prestigious** a medical specialty as pediatrics.
- Reinvigorate the core geriatrics curriculum to expand beyond disease management and the curative process to **include the management of chronic conditions, pain management and end of life care.**



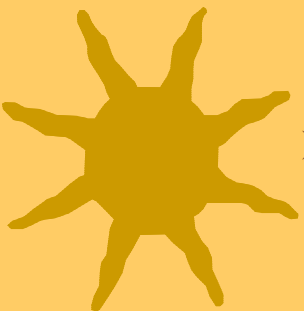
Infrastructure - Higher Ed



- ★ Community College Nursing Programs
 - **Significantly Increase Resources for Nursing, Allied Health, Mental Health and Paraprofessional Programs**
 - Programs should establish **consistent guidelines** for admission policies, including prerequisite requirements and methods for allocating slots in oversubscribed programs, to create a clear statewide admission practice.



Infrastructure - Higher Ed



★ Develop a reimbursement system that **funds critical educational needs according to the cost of and demand** for the program.



★ Establish a **One-Stop Web-Based Education Information System** where prospective students can access all state colleges and universities.



★ **Outreach to High Schools**



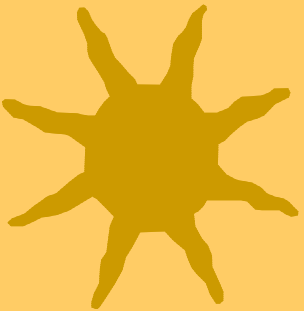
Infrastructure - Higher Ed



Higher Ed in the Aging Infrastructure

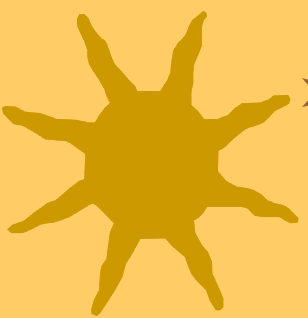


- ★ Implement and monitor **legislated curriculum recommendations** for those who work with, for, and in behalf of older adults.
- ★ To support older individuals moving into new career options, provide skill development and upgrade existing skills as technologies continues to move forward.





Infrastructure - Data

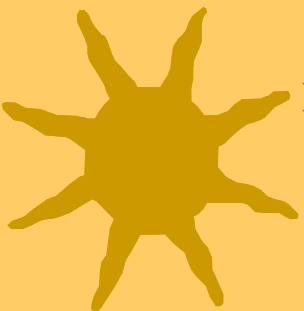


- ★ Create a Comprehensive/Integrated Database on Aging and Disabled Californians. From this base develop:
 - Care Navigation System
 - Longitudinal Data Base for program and policy decision making
- ★ Dramatically improve data collection
 - For example: Link long term care data from all counties, collect epidemiological data, collect data to create local demand estimates and more .



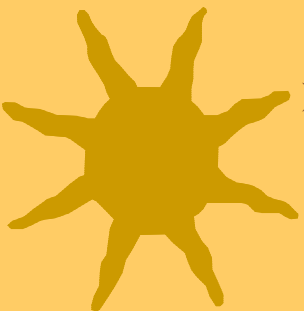
Infrastructure - Data

- ★ Build and Implement a “no wrong door” Care Navigation System
 - **Part 1 – Implement a California 211 Calling System**
 - **Part 2 – Develop an Integrated, One-Stop Consumer Information System**
 - **Part 3 – Provide a secure mechanism for physicians or persons qualified to work with consumers/ caregivers to use the system to plan coordinated care**





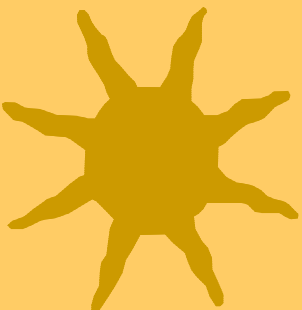
Infrastructure - Technology



- ★ Support, fund the Increased Use of High Tech to Improve Access to Healthcare
 - Increase resources to expand telemedicine services to serve persons isolated from health care facilities
- ★ Link CalCareNet to computerized health risk screening stations (Kiosks) in places where the lowest income seniors are likely to congregate or visit.



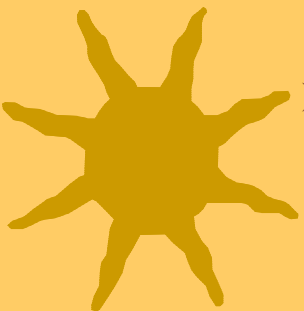
Infrastructure - Technology



- ★ Support Greater Understanding of and Access to Assistive Technology
 - Expand programs to **educate and counsel** seniors and persons with disabilities on what assistive technology is, how it helps, how much it costs and where to get it, from high tech to low tech.
 - Provide information about assistive technology on the One-Stop Information Systems, CalCareNet and kiosks.



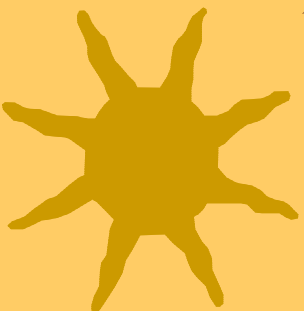
Infrastructure - Hospitals & Clinics



- ★ Find a Stable Funding Mechanism for Indigent Care to Stop Acute Care Bed Loss and Emergency Room Closures



- Analyze, determine the overall cost/benefit of reduced local appropriations to public hospitals, health systems and community clinics.



- ★ Determine local acute care demand
 - Develop demand data for acute care beds, emergency room capacity and community clinic capacity throughout California.



Overarching Themes



★ Personal Awareness

- Prevention, Early Action
- Public Education, Public Awareness
- One Stop Information Source



★ Professional Awareness

- Training in Gerontology and Geriatrics
- Understanding the Needs of a Multicultural Aging Population



★ Organizational Awareness

- Workforce Shortages
- Higher Education Challenges
- Collaboration, Coalition
- Seamless to the consumer - No Wrong Door
- Need for Information and Centralized Data



Top 15 Recommendations



1. Greatly expand health insurance coverage
2. Provide education/training to develop or enhance skills so older adults can move into second career options
3. Build a comprehensive, integrated data base on aging and disabled Californians for longitudinal studies and care navigation
4. Address California's health and social services workforce deficit. Ensure the recruitment and retention of health care professionals, allied health, mental health and paraprofessionals
5. Provide a full continuum of transit services for seniors and persons with disabilities.
6. Amend the State Transportation Development Act and related regulations to ensure that all unmet transit needs in rural areas that are reasonable to meet are adequately identified and addressed.
7. Expand Smart Growth models of housing and land use that incorporate livable, walkable, mixed-use, intergenerational components



Top 15 Recommendations



8. Strengthen support for repairs and home modifications by community-based organizations in every county
9. Expand the Preventive Health Care for the Aging (PHCA) program as an investment that avoids even more costly acute, primary care and long term support expenditures.
10. Greatly expand health care access in rural areas
11. In every county expand community-based mental health promotion, recovery, education and outreach for older adults; identify and incorporate mental health prevention best practices
12. Build and implement a “no wrong door” care navigation system
13. Build capacity into community-based long term support services to prevent unnecessary institutionalization
14. Develop and expand comprehensive, integrated care models
15. Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support



A Sense of Urgency....

The clock is ticking



★ In 2002 California had 3.6 million people over 65 years of age



★ In 2010 expect 4.3 million



★ In 2020 6.1 million

★ In 2050 more than 11 million



Contact Information



★ FOR MATERIALS

Website:

<http://www.chhs.ca.gov/SB910.html>



★ TO COMMUNICATE VIA E-MAIL

ageplan@chhs.ca.gov

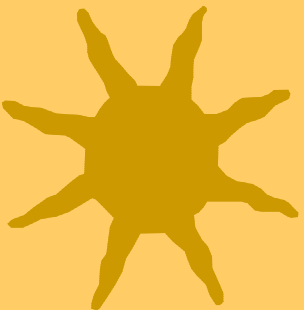




Every organization that works with or on behalf of older adults throughout California...



- ★ Study the plan
- ★ Determine what can be adopted
- ★ State in the role of convener
- ★ All sectors participate and collaborate



*This plan can move forward...
one step at a time... from any sector:
public, private, non-profit.*

